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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	

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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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-	PJ ADVERTISING (CORPORATE NAME AND E	OF FT. MY	ERS, IN	C.		 -
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: PJA	OPPORCED CORROL		
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	ROBERT SALTSMAN Name	e (Printed or typed)	
	P.O. BOX 2146		
		Address	 -
	WINTER PARK, FL 32790		
	City,	State & Zip	
	407-647-2899		
	Daytime T	elephone number	
-	JUDY@SALTSMANPA.COM		
	E-mail address: (to be used	for future annual report no	otification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 und/or Chapter 621, F.S. (Profit)

The name of the corpora		MYERS, INC.			
ARTICLE II PRIN	CIPAL OFFICE Principal street address		illing address, if differ	ent is:	-
WINDERMERE, FL					
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:MARKET	ING SERVICES			
			()		
	-	<u> </u>	19	2022	
ARTICLE IV SHAR The number of shares of	ES_ stock is:10,000		LE AHA	JAN 31	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS			PH	m
Name and Title	: MICHELLE PUTERBAUGH, PRES	_ Name and Title:	**************************************	ር። ተዐ	
Address	4750 THE GROVE DRIVE, SUITE 290	Address:			
	WINDEREMERE, FL 34786		-		
Name and Title:	MICHELLE PUTERBAUGH, TREAS	Name and Title:			
Address	4750 THE GROVE DRIVE, SUITE 290	_ Address:			
	WINDERMERE, FL 34786	-			
Name and Title:	MATT STUDER, VP	Name and Title:			 _
Address	AZEO TUE OBOVE BRIVE TO THE	Address:		_	
	WINDERMERE, FL 34786				
		·			

Name a	nd Title: Name and T	itle:
Addre		
ABTICI E WI	DECISTEDED CORVE	
The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered	agent is:
Name:	MICHELLE PUTERBAUGH	
Address:	4750 THE GROVE DRIVE. SUITE 290	
	WINDERMERE, FL 34786	
	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	MICHELLE PUTERBAUGH	
Address:	4750 THE GROVE DRIVE, SUITE 290	
	WINDEREMERE, FL 34786	
APTICLE VIII	EFFECTIVE DAME	
Effective date, if	EFFECTIVE DATE: Other than the date of filing:	OPTIONAL)
(If an effective of filing.)	fate is listed, the date must be specific and cannot be more than	n five days prior or 90 days after th
Note: If the date	inserted in this block does not meet the applicable statutory filing	requirements, this date will not be li
the document's o	ffective date on the Department of State's records.	requirements, and date with not be it
Having been nan	ned as registered agent to accept service of process for the above state	ted corporation at the place designate
certificate. I am j	amiliar with and accept the appointment as registered agent and ag	gree to act in this capacity
	Michelle Puterbaugh Required Signature/Registered Agent	1/28/22
		Date
	ument and affirm that the facts stated herein are true. I am awa	